

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective December 8, 2004

Application or Docket Number

**10/518913**

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

U.S. NATIONAL STAGE FEES			
BASIC FEE		SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE		Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE		U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.		minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	15	minus 20 = *	
INDEPENDENT CLAIMS	1	minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OR OTHER THAN  
SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE		BASIC FEE	300
EXAM. FEE		EXAM. FEE	200
SEARCH FEE		SEARCH FEE	400
X \$ 125 =		X \$ 250 =	
X \$ 25 =		X \$ 50 =	
X \$ 100 =		X \$ 200 =	
+ \$ 180 =		+ \$ 360 =	
TOTAL		TOTAL	900

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total	*	Minus	**
	Independent	*		Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X \$ 25 =		X \$ 50 =	
X \$ 100 =		X \$ 200 =	
+ \$ 180 =		+ \$ 360 =	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total	*	Minus	**
	Independent	*		Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X \$ 25 =		X \$ 50 =	
X \$ 100 =		X \$ 200 =	
+ \$ 180 =		+ \$ 360 =	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request:	2 Serial/Patent # <u>10/518913</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing <u>JC 1632 to 1642</u>		12-23-04	\$ 100.00
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>100.00</u>
		8 TO BE REFUNDED BY:	
		Treasury Check	
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		, <u>05-1323</u>	
No Fee Due (Explanation):			
<u>Fee Code Correction</u> .			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>B. Campbell</u>		TITLE: _____	
SIGNATURE: <u>BAC</u>		PHONE: 03/2835 ECRMPREF 0318371600 SERIAL: 0518913 NAME/NUMBER: 10518913 FC: 9264 \$100.00 CR	
OFFICE: <u>PCT/DO/EO</u>		*****	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B